



## Linard Distribution SA

Quality IT Distributor  
www.LD1.ch

### New Customer Form

Complete all sections clearly in block capitals and return to

**Linard Distribution SA**

admin@LD1.ch or Fax Number : +41 21 566 76 79

Company Name :	
Invoice Address : _____ _____ _____	Delivery Address : _____ _____ _____
Post Code : _____ Country : _____	Post Code : _____ Country : _____
Contact Person :	Tel No. (inc STD) :
Contact E-Mail :	Fax No :
VAT Registration No :	Company Registration No :
Credit Terms (i) : <input type="checkbox"/> Prepay <input type="checkbox"/> 10 Days	Name & Address of your Bankers : _____ _____ _____ _____
Credit Required per Month :	
Bank Account No :	Sort Code/SWIFT :
REFERENCES – Give the name of two companies supplying you with goods on credit (not associated companies) :	
Name & Address : _____ _____ _____ Post Code : _____ Tel No : _____ Fax No : _____	
Name & Address : _____ _____ _____ Post Code : _____ Tel No : _____ Fax No : _____	
<b>DECLARATION</b> – In signing this form, I agree on behalf of my company to respect and to pay for orders within the agreed time for all invoices made by e-mail, mail, phone or fax.	
Name : _____ Date : _____	
Place : _____ Signature : _____	

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